

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013638

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318

FILED MAR 26 1963

Primary Registration District No. 1003

Registrar's No. 1885

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS.300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | d. STREET ADDRESS (If outside, give location) 4419 A. Page Avenue Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Alberta Middle Murray Last | | 4. DATE OF DEATH Month 2 Day 18 Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE Colored | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4-4-1900 |
| 9. AGE (last birthday) 62 | | 10. IF UNDER 1 YEAR Month 10 Days 14 Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY None | |
| 11. BIRTHPLACE (City and state or country) Missouri | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME Alexander Richard | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| 14. NAME OF HUSBAND OR WIFE Deceased | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) No | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Imogene Reed Address 4511 A. Aldine | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Atherosclerosis Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Generalized Atherosclerosis DUE TO (b) 4-20-0 DUE TO (c) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 6:00 p.m. to and last saw her/him alive on on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at | | | |
| 22a. SIGNATURE Paul J. Simon (Degree or title Deputy Coroner) | | 22b. ADDRESS 1300 Clark | |
| 22c. DATE SIGNED 2/20/63 | | | |
| 23a. BURIAL, CREMATION OR REMOVAL (Specify) Removal | 23b. DATE 2-22-63 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park | |
| 23d. LOCATION (City, town, or county) St. Louis County, Missouri | | 24. FUNERAL DIRECTOR Ellis Funeral Home, Inc. 2820 Stoddard St. | |
| 25. DATE RECD. BY LOCAL REG. FEB 20 1963 | | 26. REGISTRAR'S SIGNATURE Head Smith. M.D. | |

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Fulton E. Culkin

Licensed Embalmer No.

4198

P. O. Address

St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.